



FIRST BAPTIST CHURCH CRYSTAL RIVER, FLORIDA CHILDREN'S MINISTRY ALL-IN-ONE REGISTRATION FORM

CHILD'S INFORMATION

Child's Full Name _____

Nickname _____

Birthday _____ Age _____ T-shirt size _____

School _____ Grade _____

Allergies _____

Special Needs _____

FAMILY INFORMATION

Parent/Guardian(s) Name(s) _____

Sibling(s) Names(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____

Are you a member/regular attendee of a church? _____ Yes _____ No

If so, which church? _____

ACTIVITY INFORMATION

Which Kingdom Kids Ministries/Activities will this child be a part of?

- Kids Worship (Children's Church)
- Kids Learn (Sunday School)
- Kids Praise (Children's Choir)
- V.B.S.
- AWANA / Wednesday Night Activities

Please continue on the other side of the page.

EMERGENCY INFORMATION

Please list emergency contacts OTHER THAN the parents/guardians:

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Who may pick up your child from children’s services/events?

I give my permission for this child to be picked up by an older sibling or another minor.

We will only release your child to people listed on this form (and photo ID may be required), so please list EVERYONE who might need to pick up your child. Per our Safe Church Policy, we cannot release a minor to another minor unless we have permission from the parent/guardian. If you would like an older sibling or another minor to pick up your child from activities, make sure you check the box.

Is there any adult who may NOT have contact with this child?

RELEASE INFORMATION

By signing this form, I agree to all of the releases listed below. If there is a release that I don’t consent to, I will indicate that by initialing the “opt out”.

I release and hold harmless all individuals and organizations who participate in the planning or implementing of children’s activities from responsibility and liability for any illness, injury, harm, loss, or inconvenience sustained as a result of my child’s participation in the children’s activities of FBC, CR.

I give my permission to the FBC,CR staff and volunteers to seek medical attention for my child in my absence. I consent to examination, diagnosis, and treatment advised by a licensed doctor, and I agree to pay any medical bills.

I give my permission for my child to ride in any church-provided vehicle. I understand that my son/daughter will be under adult supervision at all times and must comply with the posted transportation rules. If my child needs different transportation due to medical reasons or disciplinary issues, I will pay all transportation costs and/or reimburse FBC,CR or its agents. **Opt Out** _____

I give my permission to FBC,CR to photograph and videotape my child and to use my child’s photographic likeness in all forms and media for advertising, trade, and any other lawful purposes. **Opt Out** _____

Signature _____ Date _____

(Circle one) Father – Mother – Legal Guardian